2007 NOT-FOR-PROFIT CORPORATION **ANNUAL REPORT**

FILED Jan 29, 2007 8:00 am Secretary of State

						01-29-200	7 90099 03	7 ****6	1.25
1. Entity Nam HERITAG	MENT #750942 EE RIDGE NORTH PROPE TION, INC.	RTY OWNERS			con	09538		ŭ	
	e of Business AGE RIDGE BOULEVARD D, FL 33455	Mailing Address 5757 SE FEDER/ STUART, FL 349					1751 21GH 31BN 21GH	erdij Stāli ātsi	
2. Principal P	face of Business - No P.O. Box #	3. Mailing Address							
Suite, Apt. #, etc.		Suite, Apt. #, etc.			01102007	Chg-NP	CR2E037	(12/06)	
City & Stat	9	City & State		-	4. FEI Number 59-2524			-	plied For x Applicable
Zip	Country	Ζίρ	C	ountry	5. Certificate o	of Status Desired		8.75 Add ee Require	
	6. Name and Address of Current	Registered Agent			7. Name and /	Address of New	Registered A	gent	
ROSS, DE	BORAH L			Name Street Add	ress (P.O. Box Number	in Not Accepts	Ma)		
	.RLE & BONAN, P.A. H FEDERAL HWY, SUITE 212 FL 34004	!		SUBBL AUG	iress (F.O. GOX Number	is red Accepta			
GIO/A(I, I				City			FL	Zip Code	e
	named entity submits this statement for ions of registered agent.	r the purpose of chang	jing its registe	ered office or re	gistered agent, or both	, in the State of	Florida. I am fa	miliar with,	and accept
SIGNATURE	Signature, typed or present name of registered agent	and title if applicable.	(NOTE: Registe	ered Agent signature i	required when reinstating)	·	CATE		
SIGNATURE	Filing Fee is \$61.25	9. Electi	(NOTE: Regime on Campaign Fund Contribu	Financing	\$5.00 May Be	FI	DATE Make check orida Departs		
	Filing Fee is \$61.25 Due by May 1, 2007	9. Electi Trust	on Campaign Fund Contribu	n Financing ution.	\$5.00 May Be Added to Fees	FI	Make check orida Departi	ment of St	tate
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12. I hereby certify that the information supplied with this filling does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

RICHARD A. PHELOS PRES 1-23-07 772-287-8982

SIGNATURE AND TYPED OR PRINTED NAME OF SKINING OFFICER OR OFFICER OR